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Bellhorn T: Bacterial Translocation; **Mar**, 229-236

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Bergman R: Masticatory Muscle Myositis: Pathogenesis, Diagnosis, and Treatment; **Aug**, 590-605

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Equine Rounds: Case Presentation: Noniatrogenic Rectal Tear in a Geriatric Gelding; **Oct, 813-816**

Equine Rounds: Case and Commentary: Rectal Tears; **Oct, 817-818**

Esophageal Obstruction in Horses; **Nov, 877-885**

NEONATOLOGY

Pulmonary Surfactant Dysfunction in Neonatal Foals: Pathogenesis and Clinical Findings; **May, 380-389**

Pulmonary Surfactant Dysfunction and Lung Maturation in Neonatal Foals: Therapy, Prevention, and Prognosis; **Jun, 460-469**

NUTRITION

Assisted Enteral Feeding in Adult Horses; **Jan, 46-49**

RECUMBENCY

Equine Recumbency: Defining the Problem and Establishing the Differential Diagnosis; **Jan, 67-77**

Diagnostic Evaluation, Clinical Management, and Transport of Recumbent Horses; **Feb, 138-148**

Treatment and Supportive Care of Recumbent Horses; **Mar, 216-227**

Equine Recumbency: Complications and Slinging; **Apr, 256-266**

RESPIRATORY MEDICINE

Pulmonary Surfactant Dysfunction in Neonatal Foals: Pathogenesis and Clinical Findings; **May, 380-389**

Pulmonary Surfactant Dysfunction and Lung Maturation in Neonatal Foals: Therapy, Prevention, and Prognosis; **Jun, 460-469**

Esophageal Obstruction in Horses; **Nov, 877-885**

UPDATE ON EQUINE THERAPEUTICS

Assisted Enteral Feeding in Adult Horses; **Jan, 46-49**

Treatment of Equine Metabolic Syndrome; **Feb, 122-130**

Clinical Snapshot

#1

ANSWERS & EXPLANATIONS

(Case presentation on p. 931)



1. *Circumcostal gastropexy.* Pros: most reliable adhesions obtained. Cons: time-consuming preparation, potential for rib fractures, potential for entering pleural space and

causing pneumothorax.

Antral incisional gastropexy (B). Pros: rapid technique with less technical difficulty. Cons: none.

Tube gastropexy. Pros: ability for postoperative decompression and feeding control. Cons: requires time for fistula formation before tube can be removed; requires exposure of the gastric lumen.

Midline abdominal closure gastropexy. Pros: rapid technique. Cons: makes reapproach to the cranial abdomen very difficult.

2. Short gastric arteries and left epiploic artery along the greater curvature of the fundus.
3. Dark/black areas suggesting infarction/ischemia; lack of palpable pulses in the splenic hilus suggesting arterial thrombosis; disseminated masses that may be neoplastic; bleeding mass; uncontrollable hemorrhage of the spleen.